	Effective December 29, 1999													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH														
FOR NUMBER FILED					NUMBER EXTRA			RAT		FEE		RATE	FEE	
BA	SIC FEE								Sign	345.00	OR		690.00	
TO	TAL CLAIMS		(p minus 20= •					XS:	9=		OA.	X\$18=		
IND	EPENDENT CL	AIMS		9 minus 3 = 1				X39)=		ОЯ	X78=	YLAR	
MU	TIPLE DEPEN	CLAIM PR	ESENT	+13			OR	+260=						
• If	the difference	ımn 1 is l	ess than ze	<u> </u>	_	 	OR	TOTAL	1158					
* If the difference in column 1 is less than zero, enter *0* in column 2 TOTAL OR TOTAL IIS CLAIMS AS AMENDED - PART II OTHER THAN														
	. 0	umn 1)		SMA	ILL	ENTITY	OR	SMALL						
AMENDWENT A		REN	AIMS LAINING FTER NOMENT		NU PRE	HEST MBEA ROUSLY D FOR	PRESENT EXTRA	RAT	ľĒ,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	٠	7	Minus	**	16	=	XS	9=		OR	X\$18=		
	Independent	•	10	Minus	***	9	=	X39)=		OR	X78=		
_	FIRST PRESE	NTATE	ON OF MI	JLTIPLE DEF	ENDE	NT CLAIM	<u> </u>	+13	0=		OR	+260=		
												TOTAL		
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE														
AMENDMENT B		REI	LAIMS MAINING N-TER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Ĭ	Minus	**	17	i a	X\$	9=		OR	X\$18=		
	independent	•	10	Minus	•••	10	=	хз	9=		ОВ	X78=		
	FIRST PRESE	NTATI	ON OF M	ULTIPLE DE	PENDE	NT CLAIM	ı	+13	0=		OR	+260=		
											OR	TOTAL ADDIT, FEE		
		(Co	dumn 1)		(Co	lumn 2)	(Column 3)	ADDIT						
AMENDMENT C		RE	LAIMS MAINING AFTER ENDMENT		PRE	GHEST UMBER VIOUSLY UD FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=	X\$	9= -		OR	X\$18=		
	independent	·		Minus	***		5	X3	 9=		OR	X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
	If the entry in cot	uma 12	, lace than t	ha antre la col	1000 O V	villa 70° in c	olumn 3	.+13		<u> </u>	OR	+260=	· .	
•	if the "Highest No. If the "Highest No. "If the "Highest No.	umber F	Previousiv P	aid For" IN TH	IS SPAC	CE is less t	ızın 20, enter "20	ADDIT	OTAL FEE		OR	ADDIT. FEE		
	The Highest Nu	mber Pi	reviously Pa	id For (Total o	or Indep	endent) is t	he highest numb	er lound in	the a	ppropriate b	ox in co	okuma 1.		

FORM PTO-675 (Rev. 12/99)

Application or Docket Number

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